

3718C

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4563**

FILED NOV 19 1943/9

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
In this community **7 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **EUGENE BROWN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Willa Mae Brown** 6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **January 29, 1919**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 8 22 hr. min.

9. Birthplace **Pittsburg, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Eugene Brown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Katie McQuitty**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **10/27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Hackins Bros**

(b) Address **1729 Lydia Avenue**

19. (a) **10-28-43** (b) **N. C. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **624 Charlotte St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **21**
year **1943** hour **5:** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **10-21-43**
19 to **10-21-43** 19
that I last saw him alive on **10-21-43** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Peritonitis**

Due to **Strangulated Right Inguinal Hernia**

Due to **1220**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury _____
23. Signature **E. C. Brown** (M. D. or other) **M.D.**
Address **General Hospital No. 2** Date signed **10-23-43**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

D. J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.